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25885 7590 03/09/2007

ELI LILLY & COMPANY
PATENT DIVISION
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/776,584	02/10/2004	Matthew Colin Thor Fyle	X-17599	4195 03/19/2007 INTEFSW 00001555 10776584
TITLE OF INVENTION: TRI(CYCLO) SUBSTITUTED AMIDE COMPOUNDS				
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA				

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	06/11/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SAEED, KAMAL A		1626	514-255010			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	1 James B. Myers
<input type="checkbox"/> "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 Shiu M. Lee
	3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Prosidion Limited

Oxford, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature

Date 19 March 2007

Typed or printed name James B. Myers

Registration No. 42,021

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